

New York State Basic Emergency Medical Technician (EMT-B) Practice Exam (Sample)

Study Guide



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SAMPLE

Questions

- 1. A diabetic emergency with a rapid onset is often caused by what?**
 - A. Too little insulin**
 - B. Too much insulin**
 - C. Low blood pressure**
 - D. Excessive sugar intake**
- 2. What is the FIRST priority of treatment for a patient with an open gunshot wound to the chest?**
 - A. Administer medication for pain**
 - B. Seal the chest wound and administer oxygen**
 - C. Perform a thorough assessment**
 - D. Transport the patient to a surgical center**
- 3. Which of the following would NOT be a common complication of severe burns?**
 - A. Septic shock**
 - B. Dehydration**
 - C. Coughing**
 - D. Infection**
- 4. When treating a patient with chest pain and difficulty breathing, which position is most appropriate?**
 - A. Flat on back with head elevated**
 - B. In whatever position feels most comfortable**
 - C. On his/her back with legs elevated**
 - D. In a coma position**
- 5. What should be done if a gag reflex occurs after inserting an oropharyngeal airway?**
 - A. Leave the airway in place**
 - B. Remove the airway**
 - C. Advance the airway further into the throat**
 - D. Use a different type of airway**

- 6. In pediatric trauma patients, what is an abnormal capillary refill time?**
- A. Less than 1 second**
 - B. 2 seconds**
 - C. Greater than 2 seconds**
 - D. 3 seconds**
- 7. During triage, what classification would a patient with a large open wound and heavy bleeding typically fall under?**
- A. Priority 1**
 - B. Priority 2**
 - C. Priority 3**
 - D. Non-urgent**
- 8. Which of the following is a sign associated with a patient with a history of diabetes who has an altered mental status?**
- A. Flushed face**
 - B. Slow pulse**
 - C. Drunken appearance**
 - D. Warm dry skin**
- 9. What is the initial action for a patient presenting with altered mental status and suspected drug overdose?**
- A. Perform a blood glucose test**
 - B. Administer activated charcoal**
 - C. Check vital signs**
 - D. Call for medical support**
- 10. What is the primary function of ligaments in the body?**
- A. Connect muscle to bone**
 - B. Support nerve function**
 - C. Connect bone to bone**
 - D. Assist with blood circulation**

Answers

SAMPLE

- 1. B**
- 2. B**
- 3. C**
- 4. B**
- 5. B**
- 6. C**
- 7. A**
- 8. C**
- 9. C**
- 10. C**

SAMPLE

Explanations

SAMPLE

1. A diabetic emergency with a rapid onset is often caused by what?

- A. Too little insulin**
- B. Too much insulin**
- C. Low blood pressure**
- D. Excessive sugar intake**

A diabetic emergency with a rapid onset is typically caused by too much insulin. When a person with diabetes administers more insulin than their body needs, it can lead to a dangerous drop in blood sugar levels, a condition known as hypoglycemia. This situation develops quickly, often manifesting with symptoms such as shakiness, confusion, sweating, and, in severe cases, loss of consciousness or seizures. While too little insulin is also a concern for diabetic patients, it generally leads to a slower onset of symptoms due to the resulting high blood sugar levels (hyperglycemia). Similarly, low blood pressure and excessive sugar intake do not directly cause the rapid onset of a diabetic emergency. Understanding how insulin levels affect blood sugar is crucial for recognizing and responding to these emergencies quickly and effectively.

2. What is the FIRST priority of treatment for a patient with an open gunshot wound to the chest?

- A. Administer medication for pain**
- B. Seal the chest wound and administer oxygen**
- C. Perform a thorough assessment**
- D. Transport the patient to a surgical center**

The first priority of treatment for a patient with an open gunshot wound to the chest is to seal the chest wound and administer oxygen. This is crucial because an open chest wound can lead to a life-threatening condition called a tension pneumothorax, where air enters the chest cavity but cannot escape, causing increased pressure and collapse of the lung. By sealing the wound, you can help prevent air from entering the thoracic cavity, stabilizing the patient's condition and preserving their ability to breathe effectively. Administering oxygen also plays a significant role, as it ensures that the tissues of the body receive adequate oxygen while the patient is being stabilized for treatment and transport. Immediate attention to these steps can help manage hypoxia and support the patient's respiratory function. In contrast, options such as administering pain medication or performing a thorough assessment may distract from the immediate intervention needed to address the life-threatening nature of the open chest wound. While transport to a surgical center is necessary for definitive care, it is imperative to first stabilize the patient's condition with proper wound management and oxygenation.

3. Which of the following would NOT be a common complication of severe burns?

- A. Septic shock**
- B. Dehydration**
- C. Coughing**
- D. Infection**

Coughing would not be considered a common complication of severe burns in the way that septic shock, dehydration, and infection are. While coughing can occur in victims who have suffered smoke inhalation or respiratory injury due to burns, it is not a direct complication of the burn itself. Septic shock is a critical complication that can arise from severe burns due to the loss of skin integrity, leading to increased susceptibility to infections. Dehydration occurs as a result of fluid loss through the damaged skin and extensive wounds, which can disrupt the body's fluid balance. Infection is a significant risk factor following severe burns as the skin barrier is compromised, allowing pathogens to enter the body, which can lead to systemic infections. Therefore, while coughing may happen due to other causes associated with burn injuries, it does not directly relate to the complications stemming from the burns themselves like the other options do.

4. When treating a patient with chest pain and difficulty breathing, which position is most appropriate?

- A. Flat on back with head elevated**
- B. In whatever position feels most comfortable**
- C. On his/her back with legs elevated**
- D. In a coma position**

When treating a patient experiencing chest pain and difficulty breathing, positioning the patient in whatever position feels most comfortable is typically the most appropriate approach. This is because comfort can significantly affect a patient's respiratory effort and overall distress. Many patients with chest pain and breathing difficulties may instinctively adopt a position that eases their symptoms, such as sitting up or leaning forward, which can help alleviate the feeling of tightness and improve ventilation. Comfortable positioning not only allows for better airflow but can also promote a sense of control and reduce anxiety in the patient. Maintaining their comfort while monitoring vital signs is crucial in emergency care, as it respects the patient's needs and can lead to better outcomes. Other options may not provide the same benefits; for instance, lying flat on their back could exacerbate feelings of shortness of breath and may not aid in their comfort or respiratory function. Elevating legs while the patient is flat might not be suitable due to potential cardiovascular compromise. While a recovery position (coma position) can be beneficial in some scenarios for unresponsive patients, it may not be ideal for someone actively experiencing chest pain and difficulty breathing.

5. What should be done if a gag reflex occurs after inserting an oropharyngeal airway?

- A. Leave the airway in place**
- B. Remove the airway**
- C. Advance the airway further into the throat**
- D. Use a different type of airway**

When a gag reflex occurs after inserting an oropharyngeal airway, the appropriate action is to remove the airway. The presence of a gag reflex indicates that the airway is causing discomfort or is improperly placed, which could lead to additional complications, such as vomiting or aspiration. The main purpose of an oropharyngeal airway is to maintain airway patency in unconscious patients or those without a gag reflex; if the patient starts to gag, this response suggests that the airway is not suitable for that individual at that moment. It's critical to ensure that the patient's airway is clear and to switch to an alternative airway management technique if necessary, if the gag reflex persists. In situations where a patient can protect their airway, other methods like a nasopharyngeal airway or bag-valve-mask ventilation may be more appropriate.

6. In pediatric trauma patients, what is an abnormal capillary refill time?

- A. Less than 1 second**
- B. 2 seconds**
- C. Greater than 2 seconds**
- D. 3 seconds**

In pediatric trauma patients, capillary refill time is a critical assessment tool used to evaluate peripheral perfusion and circulatory status. A normal capillary refill time in children is typically considered to be less than 2 seconds. Therefore, if capillary refill time exceeds this threshold, it indicates potential issues with circulation. When the capillary refill time is greater than 2 seconds, it suggests that there may be some form of hypoperfusion—meaning the body is not getting enough blood flow to the extremities, which can be due to various issues such as shock, dehydration, or an underlying medical condition. Such findings are particularly concerning in pediatric patients, as children can deteriorate rapidly with inadequate circulation. While a capillary refill time of 2 seconds is still considered acceptable, any increase beyond this can signal a problem that warrants further assessment and potentially immediate intervention. This understanding is crucial for EMTs and other healthcare providers when managing pediatric trauma cases.

7. During triage, what classification would a patient with a large open wound and heavy bleeding typically fall under?

- A. Priority 1**
- B. Priority 2**
- C. Priority 3**
- D. Non-urgent**

A patient with a large open wound and heavy bleeding would typically be classified as Priority 1 during triage, which denotes the need for immediate medical attention. This classification is reserved for patients who are in life-threatening conditions and require urgent intervention to stabilize them and prevent further deterioration. Heavy bleeding is a critical condition because it poses an immediate threat to life, and addressing it quickly can significantly improve the patient's chances of survival. Factors considered in triage include the severity and immediacy of life-threatening conditions. Therefore, individuals with such wounds must be prioritized to receive rapid treatment, such as controlling the bleeding or performing surgical interventions. In contrast, other classifications like Priority 2 and Priority 3 are generally used for patients with less severe injuries that can wait longer for treatment. Non-urgent situations refer to minor injuries or conditions that do not pose a risk to life or limb and can safely wait for assessment and care. Understanding these classifications is vital in emergency response scenarios to ensure that resources are allocated effectively and lives are saved.

8. Which of the following is a sign associated with a patient with a history of diabetes who has an altered mental status?

- A. Flushed face**
- B. Slow pulse**
- C. Drunken appearance**
- D. Warm dry skin**

A patient with a history of diabetes who presents with altered mental status may exhibit a "drunken appearance," which can be indicative of various metabolic issues, such as hypoglycemia or hyperglycemia. The term "drunken appearance" refers to the confusion, disorientation, or incoherence that can occur when the body's glucose levels become dangerously low or high. This symptom can mimic the signs of intoxication, which can lead to misinterpretation of the patient's condition. In the context of diabetes, altered mental status often points towards an emergency related to glucose imbalance. For instance, hypoglycemia can quickly lead to confusion, agitation, and even loss of consciousness, while hyperglycemia may similarly contribute to altered mental status through the effects of ketones or dehydration. The presentation of a "drunken appearance" in such a scenario is a significant indicator that immediate assessment and intervention are required to address the underlying condition affecting the patient.

9. What is the initial action for a patient presenting with altered mental status and suspected drug overdose?

- A. Perform a blood glucose test**
- B. Administer activated charcoal**
- C. Check vital signs**
- D. Call for medical support**

When a patient presents with altered mental status and a suspected drug overdose, the priority is to gather crucial information that can help guide further medical intervention. Checking vital signs is essential in this scenario because it provides immediate insight into the patient's overall condition. Vital signs—such as heart rate, blood pressure, respiratory rate, and oxygen saturation—can indicate whether the patient is in critical distress and help identify potential complications, such as respiratory depression or shock, that require urgent intervention. This assessment can also help determine the severity of the overdose and guide subsequent treatment decisions. While performing a blood glucose test can be important in cases of altered mental status to rule out hypoglycemia, it is only one part of a more comprehensive evaluation. Administering activated charcoal may be appropriate in some overdose cases, but it must be done under specific conditions and after assessing the patient's airway and ability to protect it, which cannot be confirmed without first checking vital signs. Calling for medical support is crucial as well, but it should come after the initial assessment of the patient's condition. Thus, checking vital signs first is critical to ensure that any immediate life threats are addressed promptly.

10. What is the primary function of ligaments in the body?

- A. Connect muscle to bone**
- B. Support nerve function**
- C. Connect bone to bone**
- D. Assist with blood circulation**

Ligaments play a crucial role in the musculoskeletal system by connecting bone to bone at joint areas. They are made of dense connective tissue, which gives them strength and flexibility, enabling them to stabilize joints and maintain the proper alignment of bones during movement. This function is essential for allowing a range of motion while preventing dislocations and other injuries. In contrast, the other options refer to different structures and functions in the body. For instance, tendons are responsible for connecting muscle to bone, which allows for movement when muscles contract. Nerve function is supported by other types of tissues and not ligaments, while blood circulation is managed by the cardiovascular system, including blood vessels and the heart. Understanding these specific roles helps clarify the importance of ligaments in providing structural support and stability within the body.